

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anr: Chandler
P.O. Box 692
Dothan, AL 36302

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ann Chandler* ☐ Agent
X *ANN CHANDLER* ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*9-24-07*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*07W798*

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0002 4407 2025

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540